

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> Denali Commission		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b> 164-05		<b>OMB Approval No.</b> 0348-0138		<b>Page of</b> 1 1	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> City of Buckland P.O. Box 49, Buckland, Alaska 99727							
<b>4. Employer Identification Number</b> 92-0048749		<b>5. Recipient Account Number or Identifying Number</b>		<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7. Basis:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See instructions)</b> From: (Month, Day, Year) 8/1/2005		To: (Month, Day, Year) 12/30/2005		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) 10/1/2005		To: (Month, Day, Year) 12/30/2005	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				27,394.47	88,031.87	115,426.34	
b. Recipient share of outlays				308.00	4,276.42	4,584.42	
c. Federal share of outlays				27,086.40	83,755.45	110,841.85	
d. Total unliquidated obligations						17,748.73	
e. Recipient share of unliquidated obligations						5,390.58	
f. Federal share of unliquidated obligations						12,358.15	
g. Total Federal share (Sum of lines c and f)						123,200.00	
h. Total Federal funds authorized for this funding period						123,200.00	
i. Unobligated balance of Federal funds (Line h minus line g)						0.00	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</b>							
<b>13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>							
Typed or Printed Name and Title Darlene B. Hadley, City Administrator				Telephone (Area code, number and extension) (907)494-2121			
Signature of Authorized Certifying Official 				Date Report Submitted January 30, 2006			

NSN 7540-01-218-4387

269-202

ACCEPTED

Standard Form 269A (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-111